M I HOMES INC Form 4 March 13, 2007

# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

**OMB APPROVAL** 

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

Common

Shares

03/09/2007

(Print or Type Responses)

See Instruction

1. Name and A TRAEGER	_ 2.1550	2. Issuer Name <b>and</b> Ticker or Trading Symbol		5. Relationship Issuer	5. Relationship of Reporting Person(s) to Issuer			
	MIH	M I HOMES INC [MHO]			(Check all applicable)			
(Last)	(First) (1	Middle) 3. Date	of Earliest Tr	ansaction				
		(Month	/Day/Year)		_X_ Director	109	6 Owner	
3700 PARA	03/09/	03/09/2007			Officer (give title below)  Other (specific below)			
	4. If Ar	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
		Filed(M	lonth/Day/Year	)		y One Reporting P		
TIBURON,					Form filed by More than One Reporting Person			
(City)	(State)	(Zip) Ta	ble I - Non-D	Perivative Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Dat	e 2A. Deemed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of	
Security (Month/Day/Year) Execu		Execution Date,	if Transacti	onAcquired (A) or	Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code	Disposed of (D)	Beneficially	(D) or	Beneficial	
		(Month/Day/Yea	r) (Instr. 8)	(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership	
					Following	(Instr. 4)	(Instr. 4)	
				(A)	Reported			
				(A)	Transaction(s)			

Code V Amount

1,310

M

(D)

A

Price

<u>(1)</u>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and 4)

D

10,318

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: M I HOMES INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Secur Acqu (A) o Dispo (D)	rities ired or osed of : 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock (2)	<u>(3)</u>	03/09/2007		M		1,310	03/09/2007	03/09/2007	Common Shares	1,310

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>Fg</b> - m m	Director	10% Owner	Officer	Other		
TRAEGER NORMAN L 3700 PARADISE DRIVE	X					
TIBURON, CA 94920						

## **Signatures**

Phillip G. Creek, Attorney-in-Fact for Norman L.

Traeger

03/13/2007

\*\*Signature of Reporting Person Date

#### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Common Shares acquired pursuant to 1-for-1 exchange for Phantom Stock units (see Table II).
- The Phantom Stock units accrued from time to time under the M/I Homes, Inc. Director Deferred Compensation Plan (the "Plan") in lieu of cash payments for serving as a member of the Board of Directors. The reporting person acquired all such Phantom Stock units at the closing price of the M/I Homes, Inc. common shares on the New York Stock Exchange on the date of allocation of such Phantom Stock units to the reporting person's deferred compensation account under the Plan.
- (**3**) 1-for-1

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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